

	0 or 1 child	4 or more children
Labourers with land ...	20.9 per cent.	39.7 per cent.
Labourers without land	27.6 ..	35.4 ..

All these figures refer to marriages contracted between 1914 and 1923, but the differences described are the same in all groups of marriages of whatever duration.

In the second part of the book we find a new calculation of Germany's net reproduction rate. It was 0.71 in 1933, which means that under the mortality and fertility conditions of that year a batch of 100 newborn girls would have yielded only seventy-one live female births to replace them; in other words, that the next generation would have been reduced by nearly one-third.

Separate reproduction rates are also given for communities of various sizes.

Less than 2,000 inhabitants	0.93
2,000 to 100,000	0.69
More than 100,000	0.51

The next year—1934—witnessed a sensational rise of the German birth-rate, especially in the larger cities. Nevertheless, even in that year only the rural population was prolific enough to replace itself. The net reproduction rate for Germany as a whole in 1934 is estimated at 0.85. This is approximately the same rate as in 1929-30.

CHRISTOPH TIETZE.

Peller, Dr. Sigismund. *Der Geburtstod.*
Vienna, 1936. Franz Deuticke.
Pp. 110.

The first part of this book is devoted to the mortality of infants before, at and soon after birth. This earliest stage of human life has not shared in the general lowering of mortality rates in the later stages of infancy, childhood, and youth. In most countries the percentage of still-births and of children dying less than twenty-four hours old is not smaller now than it was before the great war; in some cases it is even greater. This is very remarkable, especially if account is taken of the fact that institutional confinements are far commoner to-day than twenty years ago. The following figures from Vienna are very characteristic:

	1910-14		1928-31	
Percentage of institutional confinements :				
Legitimate births	ca. 5	73
Illegitimate births	ca. 50	84
Stillbirths and deaths in first day per 1,000 births :				
Legitimate births	51	49
Illegitimate births	74	78
Infant mortality from second to 365th day per 1,000 live births :				
Legitimate births	128	49
Illegitimate births	156	74

In recent years it has been asserted by a number of prominent gynæcologists that traumatic lesions resulting in cerebral hæmorrhage are the main causes of neo-natal mortality. Dr. Peller shows that this theory is wrong, for the mortality can be reduced very much by measures which are not directed specifically against such lesions. He reproduces a series of statistics from one of the large obstetric clinics of Vienna, where a proportion of the expectant mothers were given the opportunity of spending some weeks before their confinement. There they were adequately fed and given a rest from the worries of their ordinary lives. The figures show that this simple treatment had an extraordinary effect on the early infant mortality rate.

Duration of hospital care before confinement	Stillbirths + legitimate births	mortality of first week illegitimate births
0-1 day	8.6 per cent.	10.4 per cent.
2-7 days	10.8 ..	9.1 ..
8-28 ..	3.0 ..	4.3 ..
29 days and more	1.6 ..	3.2 ..

The children of "rest-home-mothers" were not only both taller and heavier than the others, but every size-group had a better mortality record than the corresponding group of infants whose mothers came into the hospital for confinement only.

These observations are very encouraging. Children who can be saved by a few weeks' rest for their mothers are not suffering from inferior heredity. They deserve to, and *should* be, saved by nation-wide measures for providing rest-homes for expectant mothers during the last weeks of pregnancy. Such schemes would, of course, not be complete without *full* compensation for lost wages

and proper safeguards against unjustifiable dismissal.

The second part of the book deals with maternal mortality. A very interesting international survey shows that the rate is highest in India (18 per 1,000 confinements), and lowest in the Russian capitals, especially in Leningrad, where only one mother in a thousand dies. In London, Paris and Vienna the rate is about 3 per 1,000, in Berlin somewhat higher, 5 per 1,000. Deaths from abortion are excluded in this comparison. Dr. Peller tries to explain the low maternal mortality of Leningrad on the assumption that in the Soviet Union, where abortion is permitted for economic and social reasons, the medical indications, too, are more liberal than in capitalist Europe. This view seems reasonable, but it must be admitted that it remains unproved as long as no figures are given of Russian maternal mortality before the revolution. Such data seem to be lacking, but it is stated without further comment that some years ago the rate was three to four times higher than it is now.

It may be hoped that an English edition of this interesting and important volume will soon be available.

CHRISTOPH TIETZE.

PSYCHOLOGY

Lowenfeld, Margaret, M.R.C.S., L.R.C.P. *Play in Childhood*. London, 1935. Gollancz. Pp. 333. Price 8s. 6d.

THE Institute of Child Psychology has for some years treated difficult children of all types, largely by means of a play technique, and detailed records have been kept of the behaviour of children in the playrooms. *Play in Childhood* is an attempt to formulate a comprehensive theory of play, on the basis of these records and of the results obtained by other workers in the same field. Some account is given of the historical theories of play, and many of the factual observations of the older writers, which of course are still of interest though the theories built on them may have been superseded, are quoted.

The records themselves, covering as they do a great variety of situations and kinds of behaviour, are most interesting. They should certainly be in the hands of parents, teachers and all others responsible in any way for the bringing up of children. In the playroom a great deal more freedom to be "naughty" is allowed than is possible in schools or in many well-conducted homes. Manifestations of hostility are checked less early in their course, and opportunities are provided for "messy" play with, for example, water, flour and sand, of a type which children usually perform only when the grown-ups are well out of the way. The result is that the records help us to see children as they really are, and not as we wish they were.

Great ingenuity has been shown in equipping the playroom with material suitable to the child's need for self-expression, particularly in the working-out of phantasy. One hopes that it will be widely imitated in places where normal children play.

The theoretical parts of the book are in general illuminating. Dr. Lowenfeld's exposition of the psychological value to the child of the activities she describes is clear, free from jargon, and entirely convincing. Questions are bound to be raised by her grouping of the examples. To find a helpful classification of kinds of play is exceedingly difficult, as Dr. Lowenfeld is well aware, because in whatever way the groups are divided, many of the examples can be put into two or more of the groups. However, the broad values here assigned to play are unquestionable, and the explanation of some of the less obvious ones, such as play as the repetition of experience, should be of the greatest help to those who really wish to understand children. Such a statement, for example, as "Play is the medium . . . for the arguments which a child conducts with himself concerning his experience" throws light on a great deal of behaviour which might otherwise seem to be meaningless. The intellectual values of play are perhaps less fully considered than the emotional, as is almost inevitable with material collected in an institution devoted to therapy.

EVELYN LAWRENCE.